

OCCUPATIONAL HEALTH IN THE UNITED KINGDOM

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Many activities, included under the heading of 'Occupational Health in the United Kingdom' are not the result of systematic recent legislation. The picture is best seen by looking at the historical development. Evolution has tended to be separate from the rest of preventive medicine. Local Government authorities have become responsible for preventive care in the home environment. Professional training for the personnel concerned has produced an establishment with an academic background and parameters of activity which have not included much preventive medicine at work. This is now undertaken by a variety of agencies. There is the Factory Inspectorate administering Factory acts, which are largely Consolidating acts. Even recent extension of the definition of a factory has left occupations outside the scope of these Acts. Separate legislation covers other occupations such as mining, agriculture, shops and warehouses. There are research and teaching institutions and a variety of health services run in conjunction with undertakings by private employers and nationalised corporations.

Certain historical periods influence the present day. Britain developed a Factory Inspectorate early. To begin with it was hardly concerned with health. The first factory acts were limited to textile industries, and were concerned with the age and hours of employment, and part-time education of children. A by-product of the Industrial Revolution in Britain at the end of the 18th Century was the increasing employment of young children in the new wool and cotton mills. Many were the children of paupers indentured to learn a trade. The original intention was sound, but in practice the system was abused.

At the beginning of the 19th century the 'Health and Morals of Apprentices' act was brought into law to control age and hours of employment, and to require some educational facilities. A later act extended these measures to children other than indentured apprentices, but these early acts failed in their purpose, due to lack of an effective enforcement agency. Inspection was entrusted to Justices of the Peace, not skilled in the art. This was remedied in an act of 1833 when four professional factory inspectors were appointed. This was the beginning of an

efficient service. Today there are over 500 inspectors including the special medical, chemical, engineering and electrical branches.

The middle two decades of the last century saw a number of acts which greatly widened the functions of this inspectorate. Legislative cover was extended to a number of industries beyond textiles, and safety measures were required for the first time against certain mechanical risks. There was a very important act in 1844 which among other things regulated the hours of employment of women as well as young persons. This caused much controversy at the time. Less contentious was a provision of greater importance to the future. This was the appointment of general practitioners as Certifying Factory Surgeons, now called Appointed Factory Doctors. At this period their function was limited to assessing childrens' ages, as Registration of births only dated from 1835. Although it was an age when interest in preventive medicine awakened and the idea of occupation causing disease was not unknown, preventive medicine in industry had not yet arrived.

This happened in the latter part of the century, a period of great interest in the specific causation of diseases. Factory acts now became of general application and required the notification of certain occupational diseases by doctors diagnosing the case and employers. The responsible minister was empowered to make diseases notifiable and to make regulations covering dangerous processes. The aforementioned part time Certifying Factory Surgeons became the doctors to do medical examinations required by such regulations. They now examined children for fitness for the job instead of age. In 1898 the first Medical Inspector of Factories, Sir Thomas Legge was appointed. Today a score of medical inspectors assist the General Inspectorate and supervise the Appointed Factory Doctors.

Most special regulations and additions of notification of diseases were made during the first quarter of the present century. Meanwhile interest in Occupational Health had widened beyond the interest in specific diseases. This development received impetus during the first world war. A high sickness rate among munition workers led to the 'Health of Munition Wor-

kers' committee, and eventually to the Industrial Health Research Board, and its work continues today under the Medical Research Council, investigating a wide variety of problems.

Between the two world wars development of occupational health activities was slow. The Medical Research Council employed only a few workers, and university activities were limited although the first full time reader was appointed. Also in 1935 was founded the Association of Industrial Medical Officers, consisting of practitioners engaged in occupational health, largely from private industry. Now called the Society of Occupational Medicine, it has over 500 members engaged full time in this field.

The second world war again acted as a stimulus. Interest was focused on the health of workers and industries were encouraged to use the services of doctors and nurses. The adaptation of work to man's physical and psychological capacities was studied in relation to such things as layout of a pilots cockpit. The principles were later applied in peace time design. The term 'ergonomics' became used to designate such areas of applied physiology, anatomy and psychology.

The end of the war marked the beginning of much social legislation, including the establishment of the National Health Service, also a comprehensive system for the rehabilitation and placement either in open industry or sheltered employment of disabled persons. Early in the post war period a Government committee known as the Dale Committee was appointed to investigate whether there was an overlap between occupational health services and the National Health Service. It reported the former was performing a useful and separate function. Since then health services in private industry have increased, and there are important occupational health services in the Nationalised Industries. A number of university departments now engage in research and train doctors in occupational health. There is also formal training available for nurses and hygienists.

Another post war development has been the establishment of six co-operativeschemes to cater for the smaller factories in a particular area.

All depend on subscription from participating firms although they have received grants from a trust in the form of a diminishing subsidy in their first years. They vary somewhat in their structure, one uses the part time services of local doctors, another full time staff. Two are based on university departments and one on a general hospital.

Today the total number of doctors engaged in occupational health including research and teaching is of the order of a quarter those in Public Health but a large number of general practitioners including over 1,500 Appointed Factory Doctors do part work in this field. Some part time medical practitioners have become recognized authorities but many have limited opportunity for preventive work. The proportion of nurses employed in industry full and part time is probably similar. There are comparatively few scientists and engineers engaged in hygiene work.

Voluntary development has permitted experiment and produced some good services but uneven distribution of available resources. The chief needs are to make supporting hygiene services more readily available and to extend cover to small undertakings.

It has recently been suggested that the duties of the Appointed Factory Doctor service should be modified. The need for routine examination of young persons has diminished since the establishment of the National Health Service, and it is suggested that the time be spent on more examinations related to work stress and selective placement including rehabilitation advice. At present, Appointed Factory Doctors perform statutory examinations on young persons, and persons exposed to certain hazards controlled by special regulations. For those duties a fee is paid by the factory occupier. Appointed Factory Doctors may also be asked to investigate cases of industrial poisoning for which they are remunerated by the State.
